



SUMMER OVERNIGHT CAMP FORMS

2025

Please print **all** forms single-sided,
and bring them completed, to camp check-in.

The big number in the upper right hand corner of each form corresponds to the check-in station at which each form will be turned in.

Remember to bring a front and back photo copy of your health insurance card.

A new form must be completed for EACH session.

Child's Name	Parent's Names
Address	City, State, Zip
<div style="display: flex; justify-content: space-between;"> Phone Day Night </div>	Session/ Program Dates

In the event that I am unable to pick up my camper from this event, I authorize Girl Scouts of Central Texas to release my child to any of the following persons named. Include other parents' names, stepparents, or friends scheduled to pick up your child, emergency contact, etc. Your child will not be released to ANYONE who isn't listed on this form and presents a valid driver's license.

Name	Phone (day, night, cell)	Driver's License #	Relationship
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

My child SHOULD NOT be released to the following person(s):

1. _____
2. _____

I have read and completed this form and understand the Girl Scouts of Central Texas will release my child from camp or a program according to the information I have provided. I further understand that my child WILL NOT be released to ANYONE not listed on this form and able to show a valid driver's license.

Signature of parent/guardian
Date

This section to be completed at check-out only

Signature of person picking up child:	Date:

Camper's Full Name: _____ **Date:** _____

INDEMNIFICATION, RELEASE OF LIABILITY AND ASSUMPTION OF RISK: I, individually or I/we as parent(s) and/or natural/legal guardian(s) of my/our child understand and recognize that there is always a risk of harm associated with, but not limited to, watching movies, including discussion by others present. I/we further understand that no warranties or representations of any kind have been made by the Girl Scouts of Central Texas ("GSCTX"), its employees, agents, officers, directors, successors, or assigns regarding any of these activities.

My child and I assume(s) the risk(s) of physical or mental harm, in consideration of, and in recognition of the risks associated with the use of the GSCTX facilities and/or participation in its Girl Scouts program or activities, including watching and discussing movies.

I, INDIVIDUALLY, OR I/WE AS PARENT(S) AND/OR NATURAL, LEGAL GUARDIAN(S) OF MY/OUR CHILD AGREE, ON BEHALF OF MYSELF, MY CHILD, MY/OUR HEIRS, REPRESENTATIVES, SUCCESSORS, EXECUTORS, ADMINISTRATORS AND ASSIGNS, TO THE FULLEST EXTENT PERMITTED BY LAW, NOT TO SUE AND TO RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, DEFEND, AND INDEMNIFY GSCTX, ITS NATIONAL ORGANIZATION, ITS EMPLOYEES, AGENTS, OFFICERS, DIRECTORS, SUCCESSORS AND/OR ASSIGNS (THE "RELEASED PARTIES") FROM AND AGAINST ANY AND ALL LIABILITIES, LOSSES, DAMAGES, JUDGMENTS, DEMANDS, CAUSES OF ACTION, CLAIMS, ATTORNEYS' FEES, AND OTHER COSTS OR OBLIGATIONS OF ANY KIND, ON ACCOUNT OF ANY PROPERTY DAMAGE, PERSONAL INJURY, INCLUDING DEATH, ACCIDENTS, AND/OR ILLNESS ARISING OUT OF OR IN ANY WAY RELATED TO THE USE OF GSCTX FACILITIES, TRANSPORTING MY CAMPER, PARTICIPATION IN ITS GIRL SCOUTS PROGRAMS OR CAMP ACTIVITIES, INCLUDING BUT NOT LIMITED TO WATCHING AND DISCUSSION MOVIES, AND/OR CLAIMS MADE BY OTHER INDIVIDUALS OR ENTITIES AS A RESULT OF MY CHILD'S/MY ACTIONS, REGARDLESS OF WHETHER CAUSED IN WHOLE OR IN PART BY ANY NEGLIGENCE, GROSS NEGLIGENCE, STRICT LIABILITY, AND/OR OTHER FAULT OF ONE MORE OF THE RELEASED PARTIES.

I/we agree should any part or portion of this Indemnification, Release of Liability, and Assumption of Risk provision be determined to be legally invalid or unenforceable for any reason, only such part or portion shall be severed and removed from the provision. The remaining parts or portions of this provision that have not been ruled invalid or unenforceable shall independently survive and remain in full force and effect, with only the invalid or unenforceable parts or portions of this provision to be deemed unenforceable and severed.

PLEASE CIRCLE AND INITIAL THE APPROPRIATE RESPONSE IN THE FOLLOWING SECTIONS:

Yes _____ No _____ **Swimming, kayaking, canoeing, and/or sailing activities:** I/we do further give consent for said minor child to participate in organized swimming, kayaking, canoeing, and/or sailing activities conducted at GSCTX Camps. I/we understand that said minor child shall be required to take an approved swimming skill level test and will be assigned to that portion of the swimming area which is commensurate with their demonstrated swimming ability. An approved swimming skill level test will also be required before said minor child can participate in canoeing, kayaking or sailing program. Participants will be required to wear Personal Floatation Devices at all times during participation in canoeing, kayaking and/or sailing activities.

Yes _____ No _____ **Climbing Wall/Ropes Course/Zip Line activities:** I/we do further give consent for said minor child to participate in organized activities at GSCTX Camps. I/we understand that said minor child will be supervised and instructed in these events by an individual who has been certified and trained to facilitate this level of programming. All participants are provided instructions on the wearing and use of safety equipment prior to participation.

Yes_____ No_____ **PG-13 Movies** (for Juniors and older): My child has my permission to watch movies up to a PG-13 rating if it's part of the program (Harriet Potter for example) or during indoor weather-affected activities. If no is indicated, you child will only be able to view PG-rated or G-rated movies or be provided alternative activity options if applicable.

Yes_____ No_____ **Camp Texlake Horse program** (horse program registrants): I acknowledge there are significant risks and dangers involved with horses and horseback riding, and that horses are powerful and potentially dangerous animals. Horseback riding entails known and unanticipated risks that could result in physical or emotional injury, paralysis, or death to a program participant. While safety is our top priority at GSCTX Camp Texlake and when matching a camper with their mount, a horse, regardless of its training and usual past behavior, a horse may act unpredictably at times based upon instinct or fright which may cause a participant to be injured. Clothing appropriate for horseback riding must be worn by participants while at the barn, including long pants or jeans and riding boots or closed toed shoes with smooth soles and a heel of no less than 1 inch and no more than 2 inches. Extra wide hiking shoes/boots with lug soles and tennis shoes are prohibited for safety. Helmets are provided and must be worn at all times in the barn area and while with the horses. I also understand and acknowledge that for the safety of the animals, my camper cannot exceed the rider weight limit of 200 pounds. Note: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE) AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. Texas

Yes_____ No_____ **Media Release:** In the event photographs, slides, or videos are made of said minor child, I/we consent to the release of those photographs, slides, or videos for use in promoting programs at GSCTX.

Signature of custodial parent/guardian: _____Date: _____

Custodial parent/guardian (please print): _____Date: _____

At GSCTX Camps, we hold our campers to a certain standard of behavior. Throughout the week, we expect our campers to adhere to the Girl Scout Promise, the Girl Scout Law, and other general camp rules. These are designed to guarantee every child who attends a GSCTX resident camp has a positive experience. By checking each section and signing the agreement, you and your child are agreeing to the standards of behavior we expect at our GSCTX camps. Breaking the agreement may result in consequences. The Camp Manager and camp staff will do everything possible to help girls adjust to camp life. However, GSCTX reserves the right to send home from camp any child who consistently exhibits unsuitable behavior, endangers the camp community, or whose actions towards others are unacceptable.

CAMPER: _____

PARENT / GUARDIAN: _____

During my stay at GSCTX camps, I agree with and will adhere to the following: (please check each box)

I have discussed the Behavior Agreement with my camper and what it means for them during their stay at camp. I agree with and will adhere to the following:

☐ Girl Scout Promise: By checking the box, I agree that I will always uphold the Girl Scout Promise.

☐ Girl Scout Promise: I have reviewed the Girl Scout Promise with my camper and ensure they will abide by the Promise while at camp.

☐ Girl Scout Law: By checking the box, I agree to live by the Girl Scout law during my stay at camp.

☐ Girl Scout Law: I have reviewed the Girl Scout Law with my camper and ensure they will behave according to the Girl Scout Law while they are at camp.

☐ Kapers: At Girl Scout camp, campers are assigned daily chores or kapers. Kapers include, but not limited to, picking up trash, setting the table, and cleaning the bathroom. By checking the box, I agree I will do my part in the daily Kapers at camp.

☐ Kapers: I have reviewed what Kapers are with my camper and agree that they will be involved in the daily Kapers at camp.

☐ Technology at Camp: No electronic devices are permitted at GSCTX camps. By checking the box, I agree that I will leave all electronics at home and will not bring electronics to camp.

☐ Technology at Camp: I have reviewed GSCTX's stance on technology at camp with my camper and agree that I will not send electronics with my camper to camp.

☐ Bullying: GSCTX camps work to provide a safe place for all campers who attend camp. Bullying of any sort will not be tolerated. By checking the box, I agree that I will not bully other campers and will report bullying to the camp staff if I see it happen.

☐ Bullying: I have reviewed GSCTX's stance on bullying with my camper and understand the consequences of bullying while my camper is at camp.

☐ Camper Behavior: At GSCTX camps, we do our best to give every child a positive and safe experience. We expect our campers to help us in that endeavor by behaving appropriately at all times. By checking the box, I agree that I will behave appropriately and will refrain from any inappropriate behavior that would not be acceptable at any Girl Scout function or at school.

☐ Camper Behavior: I have reviewed what appropriate behavior means with my camper and agree to help GSCTX ensure a positive environment with all campers.

By signing, I, the camper, agree to uphold the GSCTX Camp Behavior Agreement.

Signature _____ Date _____

By signing, I, the parent/guardian, also agree to uphold the GSCTX Camp Behavior Agreement.

Signature _____ Date _____

Camper:

<i>Name</i>	<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Birthdate</i>	<i>Age</i>
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Girl Scout Level (Fall of 2024): ☐ Daisy ☐ Brownie ☐ Junior ☐ Cadette ☐ Senior ☐ Ambassador

<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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Parent/Guardian 1:

<i>Name</i>	<i>Address (if different from camper)</i>
<i>Home Phone</i>	<i>Work Phone</i>
<i>Cell Phone</i>	<i>Email</i>

Parent/Guardian 2:

<i>Name</i>	<i>Address (if different from camper)</i>
<i>Home Phone</i>	<i>Work Phone</i>
<i>Cell Phone</i>	<i>Email</i>

Emergency Contact other than Parent/Guardian:

<i>Name</i>	<i>Relationship</i>	<i>Home Phone</i>	<i>Work Phone</i>	<i>Cell Phone</i>
<i>Name</i>	<i>Relationship</i>	<i>Home Phone</i>	<i>Work Phone</i>	<i>Cell Phone</i>

Please share any situation in your child's life which may affect their adjustment to, or enjoyment of camp, such as:

☐ separation ☐ divorce ☐ new baby in family ☐ health of camper ☐ illness of a family member

☐ death ☐ moving ☐ Other Comments: _____

Does your child have any fears we should be aware of (i.e., dark, animals, etc.) _____

Name of siblings(s), or other family member, if any, who will be at same camp session or attending camp the same week: _____

Is this their first time away from home without family? Yes _____ No _____

Health History (Check all that apply):

<p><u>Diseases</u></p> <p><input type="checkbox"/> Chicken Pox</p> <p><input type="checkbox"/> Measles</p> <p><input type="checkbox"/> German Measles</p> <p><input type="checkbox"/> Mumps</p> <p><input type="checkbox"/> Other _____</p>	<p><u>Allergies</u> - Describe specific allergy and reaction:</p> <p><input type="checkbox"/> Animals _____</p> <p><input type="checkbox"/> Food _____</p> <p><input type="checkbox"/> Insect Stings _____</p> <p><input type="checkbox"/> Medicine/Drug _____</p> <p><input type="checkbox"/> Plants _____</p> <p><input type="checkbox"/> Pollen _____</p> <p><input type="checkbox"/> Milk _____</p>
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Chronic or Recurring Illness - Please give explanation:

☐ Ear Infections _____

☐ Sinus _____

☐ Heart Defect/Disease _____

☐ Seizures _____

☐ Bleeding Disorders _____

Camper's Name: _____

☐ Asthma _____

☐ Diabetes _____

☐ Musculoskeletal Disorders _____

☐ Cancer _____

Other Health Concerns: (please include explanations as needed)

☐ Bed wetting ☐ Motion Sickness ☐ Mental illness _____

☐ Sleep walking ☐ Dizzy spells/fainting ☐ Bone/joint injury in last 12 months _____

☐ Nightmares ☐ Visual impairment ☐ Major illness in last 12 months _____

☐ Constipation ☐ Deaf/Hard of hearing ☐ Major operations/hospitalizations _____

☐ Frequent nose bleeding ☐ Dental appliance _____

☐ Frequent headaches ☐ Physical disability _____

☐ Other _____

Specific activities to be discouraged for medical reasons/conditions:

Special dietary regime to be followed (example: vegetarian or gluten allergy):

Health Care and Camp Permissions:

I _____ hereby give GSCTX camps permission to administer the following over the counter medications if health supervisor deems it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

OTC Medication:

☐ Acetaminophen (i.e. Tylenol) ☐ Antihistamine cream (i.e. calamine lotion or Gold Bond cream)

☐ Pepto Bismol ☐ Decongestant (i.e. Sudafed)

☐ Antihistamine (i.e. Benedryl) ☐ Triple Antibiotic Ointment (i.e. Neosporin)

☐ Ibuprofen (i.e. Advil) ☐ Anti-acid tablets (i.e. Tums)

☐ Midol ☐ Additional/other medications as indicated by GSCTX health staff

Current Medications: Please use medications log sheet to accurately and legibly note ALL medications your child will be bringing to camp. Be sure this completed form and all medications are turned into the Health Center staff during check in!

I hereby attest that all information listed on this form is complete and accurate to the best of my knowledge, and that my child/ward is in acceptable health, physical ability, and emotionally ready to fully participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Parent/Guardian _____ Date _____

Date of Exam: _____ (required within 12 months of your camper's program)

Child's Full Name: _____

Height : _____ Weight : _____ Blood Pressure : _____/_____

Physical Examination:

S — satisfactory for camp participation M — modified/limited participation X — not satisfactory

____ Lungs

____ Posture/spine

____ Abdomen

____ Nose

____ Throat

____ Heart

____ Feet

____ Eyes

____ Ears

Please explain any M or X findings:

Explanation of any chronic or recurring illness, or health concerns as listed on the medical history:

Recommendations and/or restrictions while at camp:

Are there any activities that this child should not participate in?:

Record of Immunizations:

Date

Date

D T P

Haemophilus influenza B

PCV

Hepatitis B

TD

MMR

IPV

Varicella (Chicken Pox)

Tetanus

(a signed copy of the camper's shot record is encouraged and may be substituted for completing this immunization section only)

Physician's Statement: Based on this child's physical examination, in my opinion, the child has suitable physical, mental, and emotional health to fully participate or to participate with the recommendations/restrictions indicated on this sheet in a rustic outdoor living environment, standard camp activities (i.e. swimming, boating, sports, etc.), and potentially high-

Licensed Physician's or Nurse Practitioner's signature: _____

Printed name: _____ Date: _____

Contact phone number: _____

Address: _____

All medications and this completed form are to be turned in to the Health & Safety Manager upon arrival at camp. This includes any medical treatment items such as, but not limited to, hand sanitizers, vitamins, essential oils, pain relievers, etc. If your child doesn't strictly need these items, we recommend you leave them at home.

All prescription medications MUST be in their original container with original labeling.

Child's Name		Medication Allergies	
Living Unit			
Program Name		Food Allergies	
Parent or Guardian			
Contact Number		Other Allergies	
Alt Number			

Scheduled Medications			THIS SECTION TO BE COMPLETED DAILY BY HEALTH STAFF						
Medication Name	Dosage	Times	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
		After Breakfast (9 am)							
		After Lunch (1 pm)							
		After Dinner (6 pm)							
		Bedtime (9 pm)							
		After Breakfast (9 am)							
		After Lunch (1 pm)							
		After Dinner (6 pm)							
		Bedtime (9 pm)							
		After Breakfast (9 am)							
		After Lunch (1 pm)							
		After Dinner (6 pm)							
		Bedtime (9 pm)							

Camper Name: _____

Program/Session: _____

Insurance information, please indicate:

Insurance Company: _____

Policy Number: _____

Name of Primary Policy Holder: _____

*****PLEASE PROVIDE A COPY OF YOUR INSURANCE CARD- front and back*****

To be completed by parent/guardian and given
directly to your camper's counselor(s).

Camper Name: _____

Program/Session: _____

Camper Birthday: _____

Is your camper coming to camp with a friend/buddy/sibling or troop mate? Please list them here: _____

Do they have siblings and/or pets at home?: _____

What are some of your camper's hobbies and interests?: _____

Do they have any favorite foods/snacks? What about foods they dislikes?: _____

What is something your camper is really good at or excels in/their strengths?: _____

Is your camper worried or anxious about anything regarding camp this summer?: _____

Do they have any strong fears (the dark, spiders, etc.)?: _____

What are they most looking forward to about camp this summer?: _____

What are YOUR hopes for your camper's camp experience?: _____

Is this your camper's first time away from home without family?: _____

Do you have any suggestions for helping your camper succeed if they should become homesick, have any behavior
issues or trouble getting along with others?: _____

Do you have any special concerns for your camper while they are at camp?: _____

Any additional comments or information you want to share to help us ensure your camper has the best experience
possible?: _____

Thank you for entrusting us with your camper this summer!